

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019722 FILING DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
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50					
TOTAL IND.	1		↓		↓
TOTAL DEP.	3	↔		↔	↔
TOTAL CLAIMS	4	↔		↔	↔

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.			↓		↓
TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS		↔		↔	↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS